

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT 3KE

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 SOUTH MARKET, ROOM 2078
WICHITA, KANSAS 67202

KDOR: 117822 210933

Check Applicable Boxes

Effective Date Of Transfer 01/01/95

[X] Oil Lease: No. of Wells 1
[] Gas Lease: No. of Wells _____

Lease Name EOG Johnson
- - - SW - ~~NW~~ Sec 17-T30S-R7W
SW

[] Saltwater Disposal Well
Docket Number _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line
[] Enhanced Recovery Proj.
Docket Number _____
Entire Project: YES/NO
Number of Injection Wells _____

Legal Description of Lease SW NW/4 SECTION 17

County Kingman
Production Zones Mississippi Chat

Injection Zones _____

Field Name Spivey Grabs

Surface Pond Permit # _____ Feet from N/S Line of Section
(API# if Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit

Past Operator's License No. 09282

Contact Person: Jim Lee Wolfe

Past Operator's Name and Address:

Phone: (303) 573-5100

General Atlantic Resources, Inc.
410 17th Street, Suite 1400
Denver, Colorado 80202
Title Vice President Operations

Date 1/17/95

Signature 

New Operator's License No. 5615

Contact Person Jim Lee Wolfe

New Operator's Name and Address

Phone (303) 573-5100

United Meridian Petroleum Corporation
410 17th Street, Suite 1400
Denver, Colorado 80202

Oil/Gas Purchaser Trident

Date 1/17/95

Signature 

Title V.P. Operations

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

_____ is acknowledged
as the new operator and may continue to
inject fluids as authorized by Docket # _____
Recommended action _____

_____ is acknowledged as the
new operator of the above named lease containing
the surface pond permitted by # _____.

Date _____
Authorized Signature

Date _____
Authorized Signature

Form T1 7/94

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MUST BE FILED FOR ALL WELLS

*Lease Name EOG Johnson

*Location Kingman County

[illegible]